



MATERIAL FEE WAIVER REQUEST

Please answer all questions on this form. Your responses will be used to determine your eligibility to receive a fee reduction or a full waiver of fees.

1. Parent Name: _____

2. Home Address: _____

3. Home Phone Number: _____

4. List the name of your child or children and the course(s) in which they are enrolled that is subject to the material fee:

Child's Name: _____ Name of Course(s): _____

Child's Name: _____ Name of Course(s): _____

Child's Name: _____ Name of Course(s): _____

Child's Name: _____ Name of Course(s): _____

5. Do your children receive free or reduced lunches? No Yes

6. If the \$10 fee is cost-prohibitive, how much could you contribute to material costs? _____

7. Are there any other circumstances you wish us to know about? _____

Please return this form to:

Governor Mifflin Education Center, 10 S. Waverly Street, Shillington PA 19607
fax: 610-775-6586 • email: dgoodhar@gmsd.k12.pa.us